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PTO/SB/21 (modified)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/895,473
			Filing Date	Jun 29, 2001
			First Named Inventor	Kornells A. Vissers
			Group Art Unit Number	2122
			Examiner Name	Not yet known
Total Number of Pages in This Submission		7*	Attorney Docket Number	22300-05810

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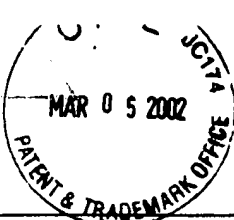
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Signature:			
Attorney/Reg. No.:	Michael Plimier, Reg. No. 43,004	Dated:	December 18, 2001

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I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
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PTO/SB/17 (10-01)(modified)

OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

0002/PTO(modified)
Rev. 10/2001

U.S. Department of Commerce
Patent and Trademark Office

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$ 0.00)

Complete if Known	
Application Number	09/895,473
Filing Date	Jun 29, 2001
First Named Inventor	Kornelis A. Vissers
Group Art Unit	2122
Examiner Name	Not yet known
Attorney Docket Number	22300-05810

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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.¹
- ☐ Applicant claims small entity status
See 37 CFR 1.27

Deposit Account Number: 19-2555

Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Other

FEE CALCULATION (fees effective 10/01/2001)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$740	201/\$370	Utility Filing	
106/\$330	206/\$165	Design Filing	
108/\$740	208/\$370	Reissue	
114/\$160	214/\$80	Provisional Filing	
SUBTOTAL (1)			(\$ 0.00)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$84	202/\$42	Independent claims in excess of 3
104/\$280	204/\$140	Multiple dependent claim
109/\$84	209/\$42	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
147/\$2,520	147/\$2,520	For filing a request for reexamination	
115/\$110	215/\$55	Extension for response within first month ¹	
116/\$400	216/\$200	Extension for response within second month ¹	
117/\$920	217/\$460	Extension for response within third month ¹	
118/\$1,440	218/\$720	Extension for response within fourth month ¹	
128/\$1,960	228/\$980	Extension for response within fifth month ¹	
119/\$320	219/\$160	Notice of Appeal	
141/\$1,280	241/\$640	Petition to revive unintentionally abandoned application	
142/\$1,280	242/\$640	Utility Issue Fee (Or Reissue)	
143/\$460	243/\$230	Design Issue Fee	
122/\$130	122/\$130	Petitions to the Commissioner	
126/\$180	126/\$180	Submission of Information Disclosure Statement	
179/\$740	279/\$370	Request for Continued Examination (RCE)	
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	
146/\$740	246/\$370	Filing a submission after final rejection (37 CFR 1.129(a))	
149/\$740	249/\$370	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify):			
Other fee (specify):			
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(Col. 1)		(Col. 2)		(Col. 3)		Fee Due
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**	Fee	
TOTAL		20 or 0	=		x	=
INDEP		3 or 0	=		x	=
[] First presentation of multiple dependent claim						

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

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SUBMITTED BY

Typed or Printed Name Michael Plimier

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22300/05810/DOCS/1231755.1

¹ Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby